

# Alaska WIC Nutrition Program Enteral Nutrition Prescription Request Form

State of Alaska Department of Health & Social Services/Public Assistance

Please Fax to \_\_\_\_\_

Prescription must be completed by Health Care Provider (must be eligible to write prescriptions in AK)

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's/Caregivers Name \_\_\_\_\_ Address: \_\_\_\_\_

Medicaid Eligible? ☐ No ☐ Yes Medicaid # \_\_\_\_\_ End date \_\_\_\_\_

Current Measurements (if available): Medical date \_\_\_\_\_ Ht = \_\_\_\_\_ in/cm Wt = \_\_\_\_\_ lbs/kg

## Infant

FORMULA \_\_\_\_\_

### PRESCRIBED AMOUNT OF FORMULA:

☐ MAXIMUM ALLOWABLE OR ☐ \_\_\_\_\_ OUNCES

(RD can calculate, based on current weight)

Was another Formula Tried ☐ Yes ☐ No

Formula Tried \_\_\_\_\_

### INFANTS 6-11 MONTHS

#### Check foods to avoid:

- ☐ Infant Cereal  
☐ Infant Fruits/Vegetables

DURATION: 12 MONTHS OR \_\_\_\_\_ MONTHS

## CHILD/ WOMEN

### FORMULA

#### PRESCRIBED AMOUNT OF FORMULA:

☐ MAXIMUM ALLOWABLE OR ☐ \_\_\_\_\_ OUNCES

☐ WHOLE MILK IN ADDITION TO FORMULA

#### FOOD PRESCRIPTION (check one)

☐ Allow Age appropriate WIC foods.  
Exceptions specify: \_\_\_\_\_

☐ No solid foods: offering solids is contraindicated at this time, provide medical formula only.

DURATION: 12 MONTHS OR \_\_\_\_\_ MONTHS

## CHOOSE AT LEAST ONE DIAGNOSIS OR WRITE IN SPACE PROVIDED

(QUALIFYING CONDITION – MEDICAL DIAGNOSIS WITH ICD-9 CODE)

Growth issues	Medical issues	Development issues
Failure to Thrive (783.41)	Severe gastrointestinal issue (536.9)	Developmental sensory/motor delays (783.4)
Inadequate growth (783.40)	Malabsorption syndromes (579.9)	Fetal Alcohol Spectrum (760.71)
Underweight (783.22)	Genetic-congenital disorders (740-759)	<b>Pregnancy issues</b>
Prematurity (765.10)	Metabolic disorders/Inborn errors of amino acid metabolism (277.9)	Low maternal weight gain (646.8)
Low birth weight (765.10)	Food allergies (693.1)	Maternal weight loss during pregnancy (783.2)
<b>Blood issues</b>	Celiac disease (579.0)	Multifetal gestation (783.2)
Anemia (281.9)	Heart/circulatory/respiratory diseases (390-519)	<b>Vegan diet</b>
	Persistent dermatological condition (692.9)	Vegan Diet
Other medical diagnosis (some conditions may not qualify for special formula through WIC)		
		ICD-9 code _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Provider Address & Phone

Medical Provider Name \_\_\_\_\_ Provider Medicaid ID # \_\_\_\_\_

### WIC REGISTERED DIETITIAN/LICENSED DIETITIAN (RD/LD) & MEDICAID USE ONLY

Formula average daily calorie needs for \_\_\_\_\_ months = \_\_\_\_\_

Date \_\_\_\_\_ RD approved \_\_\_\_\_ CPA approved \_\_\_\_\_ Denied \_\_\_\_\_ Date Range approved: \_\_\_\_\_

**Pharmacy use only** Product \_\_\_\_\_ Size \_\_\_\_\_ Cans/day \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist signature \_\_\_\_\_ XEROX use only ☐ Authorized ☐ Denied

## State of Alaska WIC Program

**Directions:** Please complete the Enteral Nutrition Prescription Request (ENPR) form so that WIC can provide a Non Contract formula for your patient. This form can be provided to the WIC client or faxed to the WIC office. If measurements were completed during the medical exam please document the most current information. The prescription must be completed by a Health Care Provider eligible to write prescriptions in Alaska. Please include your Alaska License number or Medicaid Provider number. If the ENPR form is approved by the Local Agency Registered Dietitian, WIC will provide the Non Contract formula. If your client is currently participating in the State of Alaska Medicaid or Denali Kid Care program, WIC will apply to Medicaid for the Non Contract Formula. The Local Agency will assist the WIC family in the application process. If Medicaid approves your prescription for the Non Contract Formula the client can obtain from a local pharmacy or the formula will be shipped directly to your patient's home. This process may take more than a month for completion, during which time WIC will provide the Non Contract formula for your patient.

**Important:** Medical documentation is federally required in order to issue special formula and some supplemental food to WIC women, infants and children who have qualifying condition(s) that require the use of the special formulas listed below. The program does NOT authorize issuance of special formulas for:

- 1). Non specific symptoms such as intolerance, fussiness, gas, spitting up, constipation or colic OR
- 2). Enhancing nutrient intake or managing body weight without an underlying medical condition.

**WIC is a supplemental Food Program. Infants who are not breastfed may require more formula than WIC is able to provide.**

### ALASKA WIC STANDARD CONTRACT FORMULAS:

The following contract formulas **DO NOT REQUIRE MEDICAL DOCUMENTATION** for infants younger than 12 months:

**Similac Advance (milk based)**  
**Enfamil Prosobee (soy based)**

### NON CONTRACT FORMULAS: MEDICAL FORMULAS THAT MAY BE PROVIDED BY A PHYSICIAN REQUEST

Other Infant	Amino Acid Based	Special Formulas Medical Food Children/Women
Good Start Gentle Plus	Neocate Infant	Pediasure
Good Start Soy Plus	Neocate Jr.	Pediasure with Fiber
<b>Hydrolyzed Protein</b>	Elecare	Carnation Instant Breakfast
Similac Expert Care Alimentum	<b>Premature Infant Post Discharge</b>	Ensure all Flavors
Nutramigen with Enflora	Enfacare	<b>Soy for Children</b>
<b>Lactose Reduced</b>	Neosure	Enfagrow Toddler Transitions Soy
Gentlease	<b>Added Starch</b>	
	Enfamil AR	

### ESTIMATED ENERGY AND PROTEIN REQUIREMENTS FOR INFANTS

	Age in Years	RDA Energy (kcal/kg)	Protein (g/kg/day)
<b>Infants</b>	<b>Premature</b>	<b>120</b>	<b>2.2</b>
	<b>0-6months</b>	<b>108</b>	<b>2.2</b>
	<b>6-12 months</b>	<b>98</b>	<b>1.6</b>
<b>Children</b>	<b>1-3 years</b>	<b>102</b>	<b>1.2</b>
	<b>4-6 years</b>	<b>90</b>	<b>1.1</b>

<b>Females Velocity of Weight Gain</b>	<b>gm/day</b>	<b>Males Velocity of Weight Gain</b>	<b>gm/day</b>
Birth-3 month	24	Birth-3 month	28
3-6 months	19	3-6 months	21
6-9 months	14	6-9 months	15
9-12 months	11	9-12 months	11
12-18 months	8	12-18 months	8
18-36 months	5	18-36 months	5
3-4 years	5	3-4 years	5
4-5 years	6	4-5 years	6

### Full Provisions of WIC Formula and Food for a month

Infants	Children and Women
<ul style="list-style-type: none"> <li>0-3 months of age: 26 ounces of formula/day</li> <li>4-5 months of age: 29 ounces formula/day</li> <li>6-11 months of age: 20 ounces formula/day*  24 ounces infant cereal  32 four ounce containers baby food fruit/vegetables</li> </ul> <p>*Infants unable to consume baby foods may be eligible for up to 29 ounces formula per day.</p>	<p>Eggs 1 dozen      Juice 1 gallon(children approx. 4oz/day)</p> <p>Fruits/Vegetables \$6-\$10      Whole grains 1-2 pounds</p> <p>Cereal 36 ounces      Beans 1 pound</p> <p>Cheese 1 lb      Peanut Butter 18 ounces</p> <p>Milk up to 4 gallons      (children have a choice of  (children 13-17ounces/day)      beans or peanut butter)</p> <p>Exclusively Breastfeeding Women receive additional WIC foods</p> <p><b>Formula for Children and Women is approximately 29 ounces/day</b></p>